ł	PATENT ADDITION FOR DEPARTMENT								Application or Docket Number				
<u> </u>	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									8	50	18	47
CLAIMS AS FILED - PART I													
				(Column 1)		(Column 2)		TYPE		ENTITY			RTHAN
	TOTAL CLAIMS							RAT	ET	FEE	OR T	RATE	L ENTITY
FOR			NUMB	NUMBER FILED		NUMBER EXTRA		BASIC		355.00	OR		
TOTAL CHARGEABLE CLAIMS			S	minus 20=		•		X\$ 9:			100	-	7 7 10.00
INDEPENDENT CLAIMS				minus 3 =		•		X40=			OR	 	
	NULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· ·	OR	X80=	∔
• If the difference in column 1 is less than zero, enter "0" in column 2							J	+135=			OR	+270≃	1
i .								TOTA	L]OR	TOTAL	
_	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column)	SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT A	1.100 to 100 to	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	TK	DDI- ONAL EE		RATE	ADDI- TIONAL FEE
	Total Independent	5,	Minus	. 7	م) ا	=	H	_X\$_9=			OR	X\$18=	
	FIRST PRES	ENTATION OF I	Minus MULTIPLE D	EPENDENT.	CLAIM	= KQ		-X40=			OR	X80=	
	*****	•			OBANI			±135=			OR:	+270=	
		•						TOTAL			L	TOTAL	
-	(Column 1) (Column 2) (Column 3)							JDN, FE	-	-	A	DDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	TIO	DDI- NAL EE		RATE	ADDI- TIONAL FEE
	Total Independent	· 51	Minus	1. 74	2	=		X\$ 9=			OR	X\$18=	
		I* / [ENTATION OF M	Minus ULTIPLE DE	PENDENT C	MIA I			X40=			OR	X80=	
	·		ociii ee be	LINDEIT	CAIIVI	 · .		+135=				+270=	
		÷						TOTAL DIT. FEE			OR AC	TOTAL DIT. FEE	
	**************************************	(Column 1) CLAIMS	(September 1981)	· (Column		Column 3)							
<u> </u>		REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA	f	RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE
	Total	• .	Minus	••		=	>	(\$ 9=			R ;	X\$18=	
₹	Independent	NTATION OF ME	Minus	***			1,	(40=		7		X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X40=										7	"├		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **ADDIT FFE										`` L	270=	
• • •	induced infill	nber Previously Pa ber Previously Paid	IO FOC IN THIS	COMPE in the	aa Ibaa s			IT. FEE L	ropriate	Ol e box in	AI JI	NT FFF L	
	TO-875	<u> </u>								- 00x III	·		}

Application or Docket Number